

Expanding Family Planning and Reproductive Health Services in Liben District, Guji Zone, Oromia Region, Ethiopia

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ACRONYMS

ARH	Adolescent Reproductive and Sexual Health
BCC	Behavior Change & Communication
BHT	Bridge to Health Team
CBD	Community-Based Distribution
CBRHA	Community-Based Reproductive Health Agent
CHW	Community Health Worker
CS-17	The current child survival project in Liben District, Essential Services for Maternal
	and Child Survival in Ethiopia: Mobilizing the Traditional and Public Health Sectors and
	Informing Programming for Pastoralist Populations, funded as a cost-extension of the
	CS-13 grant, mainly through the 17 th cycle of the PVO CS Grants Program, is
	referred to as "CS-17".
CYP	Couples Years of Protection
DAP	Development Assistance Program
DHO	District Health Office
EFO	Ethiopian Field Office
FGAE	Family Guidance Association of Ethiopia
FP	Family Planning
HAC	Health Action Committee
HF	Health facility
IEC	Information, Education and Communication
IR	Intermediate Result
ISP	Injection Safety Protocol
LAM	Lactation Amenorrhea Method
MOH	Ministry of Health
NGO	Non-government Organization
PA	Pastoralist Association
PVO	Private Voluntary Organization
RH	Reproductive Health
SC	Save the Children
SPA	Senior Program Assistant
TBA	Traditional Birth Attendant
WRA	Women of Reproductive Age

Introduction

This report documents activities for the second year (1st of October 2004 to 30th of September 2005) of implementation for the "Expanding Family Planning and Reproductive Health Services in Liben District" in Guji zone Oromia region, Ethiopia.

It refers to the family planning and Reproductive Health activities supported by Flexible Funds, that Save the Children is implementing in partnership with the District Health Office and the communities in Liben District.

Most of the activities were implemented as planned in the work plan. As a result, respectively 6783 and 4175 new and repeat family planning clients received modern contraceptive methods. This represents an increase of 62% in new users and a decrease of 41% in repeat users compared to last year. The number of Couples Years of Protection generated amounts to 2627, an increase of 22% compared to last year. The project still needs to promote the use of longer acting methods such as the IUD, Norplant and surgical contraception. This is due to client preference and the lack of skilled providers in Negelle Hospital where the methods are available. To address the shortage, the project has trained providers from Negelle Hospital at the end of the year in Norplant Insertion and Removal at the Family Guidance Association of Ethiopia (FGAE) and hopefully the impact will be seen in the near future.

To increase access to Injectable contraceptive, the most popular modern method of contraception in the community, DEPO outreach sites were established in five pilot Pastoralist Associations (PA) and Operations Research began during the second quarter of the year and is still on-going to assess the feasibility of this program.

In the fiscal year, External visitor, Virginia Lamprecht from the Office of Population & Reproductive Health at USAID, Washington D.C visited the Impact Area in order to observe and assess RH activities in the impact area. She praised several aspects of SC program, which include SC's efforts to bring family planning services to the community through outreach services, micro-campaigns for long-term methods, and community-based distribution of pills and condoms by CBRHAs. She also noted SC's use of Formative Research to inform and adapt service delivery and IEC messages, the dissemination of publicly available reference materials (such as medical eligibility checklists) to service providers in the field, and the timely submission of a well-organized Program Implementation Plan (PIP) and Annual Work plan.

Background

The problems related to mistimed pregnancies and unwanted births are multi dimensional in developing countries like Ethiopia. Women and children suffer the consequences of high fertility. The most common cause of maternal death in our country especially in rural community is related to pregnancy and delivery problems such as hemorrhage and sepsis during pregnancy, delivery or the postpartum period. High maternal mortality is also a result of illegal abortions which are attributed to unwanted pregnancy. Closely timed and frequent pregnancies also have an impact on the health of infants and children.

These problems can be partially prevented and a decrease in maternal and infant deaths can be achieved by improving use of FP services. This also contributes to improvements in the welfare of women, children and their communities.

On the other hand uncontrolled population growth can cause environmental degradation; through overgrazing and rapid depletion of almost non existing forest for fire wood as well as

for house construction and other purposes. These are among the major factors for food insecurity and related diverse social problems in our country.

The community in Liben District also shares the above mentioned problems. In this Impact Area especially the wide spread existence of poly gamy, low awareness, and low accessibility to FP service utilization have worsened the ill health of mothers and children. To address these issues, SC/USA Liben Impact Area with respective government sector offices has been addressing the FP problems by integrating family planning activities with other developmental activities including various health care activities. Flexible funded FP activities are an integral part of the overall efforts to improve maternal and child health related to low use of FP in the area.

The Project's goal is to improve the health of the women of reproductive age and their children in Liben District through the increased use of family planning and birth spacing by women of reproductive age and improved FP/RH practices. To achieve this goal, the project hopes to have an impact on at least three intermediate results are designed for the project, which include;

- IR 1: Increased community and individual awareness and acceptance of, and interest in using contraception for family planning/ birth spacing through PVO/NGO involvement;
- IR 2: Increased quality of family planning service delivery in facilities and in the community;
- IR 3: Increased access to FP services and information in communities and;
- IR 4: Improved social and policy environment for FP/RH services and behaviors.

Key strategies to achieve these results include:

- Expanding access to FP services through CBRHA and outreach activities.
- ➤ Use of community structures to provide education on family planning /birth spacing and promoting the use of contraceptives.
- > Strengthening referral links for clinical methods between the household, the community and health facilities.

The site for the 4-year family planning program: "Expanding Family Planning and Reproductive Health Services, includes all of Liben District in Guji zone of Oromia Regional state in southern Ethiopia. The district has a total estimated current population of 196,071 living in 37 pastoralist and 5 urban, with approximately 45,096 program beneficiaries representing women between ages of 15 and 49.

I. Main Accomplishments

The major activities that were implemented in the Fiscal year include:

- Provision of FP information and services (contraceptives distribution) at static and outreach sites improved the family planning service coverage. The contribution of CBRHAs has been significant in reaching community members by distributing contraceptives, making referrals, supporting during outreach services and providing health education to increase awareness in the community about FP services.
- Training of HACs and BHTs in FP promotion helped to strengthen service utilization at the community level by educating the community during community gatherings and other events. This enabled them to focus on men and religious leaders in order to address resistance to the use of FP by the target population.
- Training of key providers at Negelle Hospital and in the clinics in basic FP and RH counseling and Norplant insertion and removal

- Logistic Management Information System (LMIS) workshop was provided for health workers to enable them to better control contraceptive stocks in their health facilities.
- Refresher training and quarterly review meetings for CBRHAs provided an
 opportunity to update their knowledge, skills and attitudes related to family
 planning. Further, the CBRHAs were able to share information and experiences as
 well as discuss the problems they encounter while implementing family planning
 services in their respective PAs.
- Basic training and refresher training for the promotion and use of LAM was provided to TBAs. This strengthened their knowledge and skills to counsel mothers in LAM and to refer clients for modern contraceptives to CBRHAs and clinics.
- Operational Research is being conducted in pilot sites to assess the feasibility of providing outreach injectable contraceptive during immunization. Results will be used to expand the program in the whole of Liben District.

II. Factors that have contributed

Save the Children Federation has been implementing Health development programs that incorporate different community based health initiatives in a highly disadvantaged and impoverished pastoralist community in Liben District. The series of health programs implemented in the District including DAP I , CS-13 , DAP II and CS_17 have created an enabling environment by building the capacity of an extensive network of community health workers. Addressing the health needs (including FP) of this underserved community helps the DHO improve the health status of the community it is serving. The synergistic partnership between the DHO and the IA has been critical in making this happen.

This has helped the FP program work towards achieving its major objective of increasing the use of FP and birth spacing by women of reproductive age in Liben district to 30%. Though the program requires enormous efforts, the presence of a major program such as CS-17 has been extremely favorable. Collaboration between the IA, the community and DHO is the back bone for the program implementation and monitoring process.

III. Factors that impeded progress and action taken

- The project had to postpone certain training activities including those of the BHTs and HACs due to government development activities at PA level and also during the national election. During these periods, it was impossible to organize training activities. The training schedule was therefore postponed to the end of the year and and even to the next year.
- The program was unable to begin promoting long-tem and permanent contraceptive methods because MOH staff was not trained as planned. This also delayed the beginning of mobile clinics in rural health facilities.

IV. Modification to the program description presented in the PIP

The only modification to the detailed program implementation plan is carrying over activities not performed in $\ FY05$ to to $\ FY06$.

V. Status of the Activities

SO: Increased use of FP and Birth spacing by Women of Reproductive Age

a) Service Delivery: During the last period, the Impact Area (IA) received adequate contraceptive supplies from PATH FINDER through the request of EFO. All the contraceptives were supplied to the DHO Negelle Hospital and CBRHAs from the IA. The DHO in turn distributed the contraceptives to health facilities in the District. During this FY, FP service was provided to 6783 new and 4175 repeat clients out of the planned 6952 and 6981 clients respectively. As a result, a total of 2627 CYP (119.6% of the plan) was generated by the program.

Moreover, out of the new clients 2593 (38%) are using LAM. The use of LAM has increased as a result of continued health education, client registration and regular reporting by CBRHAs. In comparison to the previous years the achievement in family planning service delivery has generally improved as a result of strengthened health education at all levels through trained CHWs, CBRHAs, TBAs and other community health workers. In addition, the use of job aids including educational flip charts, posters and counseling cards as teaching aids has facilitated the task of providing health education to facilitate behavioral change among the community. The improvement in health education is also attributed to key messages identified by Formative Research on FP and being utilized to promote the service in the community.

The other factor that contributed to the improvement of FP service delivery is the joint supervision of HFs and CHWs by DHO and SC staffs. Regular supervision has led to a remarkable improvement in client registration, record keeping and timely reporting from HFs and CBRHAs.

The acceptance of FP services by the community has gradually improved due to the various efforts made in the District. These efforts include creating awareness about the advantages of FP and birth spacing especially to men/husbands since they are the heads of the family and therefore are primarily responsible for making the decision on whether their spouses will use contraception.

Also attention has been given to junior and high school students to provide information about Adolescent Reproductive and Sexual Health and FP because they are a good entry point to the marginalized community. This enables the program to have a wider reach. In addition, because the community believes that students learn modern ways of life and new technologies it is attractive to use students to disseminate information and to have them serve as change agents in the family.

Resistance from the Muslim community regarding the use family planning service by saying that "children are the gift of God and we should not interfere with the work of God", continues to hinder program implementation. This area therefore requires continued advocacy efforts by health workers and community health workers at the community level.

IR1: Increased Community Individual Awareness, Acceptance of, and interest in FP Services through NGO/PVO Involvement

b) Promotion of family planning by Health councils

The involvement of community volunteers including BHTs and HACs has been an important BCC strategy for the project. To improve the knowledge and skills of HACs and BHTs in order to enable them to strengthen family planning services at community level and to improve referrals, training was provided to 156 HACs (48 females) and 167 BHTs (88 females), 82% & 90% of the annual plan respectively. The content of the training was based on the BHTs and

HACs training manual that is recently revised according to the key messages identified by Formative Research.

To increase community and individual awareness on family planning, 337 health education sessions (76% of the plan) were been organized by BHTs and HACs attended by 1703 male and 1084 females.

As it was identified by Formative Research more emphasize has given to educate men on the advantages of family planning since they are dominant in making decisions regarding use of the service by the spouse. The BHTs and HACs are continuously involved in discussions with religious and clan leaders to convince about the benefits of family planning and births spacing and to reach men. Consequently, these leaders have started to advocate and to bring behavioral change in the community particularly among resistant families. Women have started to break the silence by discussing about the importance of family planning with their peers and couples which facilitates the dissemination of information within the community.

Because of the strengthened behavioral change communication among the community by CHWs and health facility staffs, the awareness of the community regarding the benefits of family planning/birth spacing and interest in using family planning services has gradually increased. Community members especially women are benefiting from health education regarding FP. They appreciate both the awareness creation activity and the service rendered to them. One DEPO user Client (Abaya Chuluka) from Adadi PA witnessed the importance of the service by saying that:

"Now days the resource is scarce to have many children and if a woman is pregnant now and then she can not support her family beside the impact it has on her health. Some people assume that using family planning method is crime in terms of religion, but crime is rather bringing children to this world without having some thing to feed. My husband and I have agreed to use family planning method and I am using it, and also we are educating our neighbors to use the service. Currently, though some women are defaulting because of some minor side effects of the contraceptives, a lot of mothers are using the service in my PA."

After the training, HACs and BHTs are educating the community in their respective PAs during outreach health services, such as EPI and antenatal care service and during different public gatherings, water points and at any event with a focus on reaching men; as a result 1703 male and 1084 female participated in health education sessions.

c) Advocacy on World Population Day

The project had planned to conduct advocacy on World Population day under the theme of "involving men" in order to minimize the resistance of male and religious leaders regarding family planning use in the IA. This would have involved mobilizing different stakeholders such as District health office, the education office and schools. The staff in these offices was not available at this time and schools were closed. In addition, IEC BCC materials to be distributed on this occasion such as leaflets, posters, T-Shirt had not been finalized.

d) IEC/BCC materials development and distribution for World Population Day:

1000 IEC/BCC materials such as leaflets, posters were to be procured from DKT and FGAE for distribution during the event. This will be done in the next quarter. In addition, the picture and key messages to be printed on the T-Shirt are being prepared. The process which was initially planned for the first year has not been completed because of a change in the key messages to be used.

e) Micro-campaigns promoting long-term and permanent methods.

To expand access to longer acting and permanent methods, 2 nurses from Negelle hospital were trained in Norplant insertion and removal Hospital by FGAE. Also this training facilitates the opening of Mobile clinics in the rural area to provide access to long-term contraceptive methods for clients who want to limit births. The training was only conducted in the forth quarter, the only period FGAE organizes this training and therefore the micro-campaigns have been postponed to next year. However, the trained providers have begun counseling women about the methods.

Micro-campaigns will consist of focused promotion of longer acting methods in selected sites prior to mobile clinics coming out to provide outreach services at selected clinics. CBRHAs have already began promoting and educating the community about these methods in their respective PAs. Once the mobile clinics have been launched, CBRHAs will counsel women and make referrals to mobile clinics.

IR2: Increase Quality of FP/RH services Delivery by providers in facilities and in the community

f) Training key family planning providers

The project had planned to train selected providers in: basic FP, RH counseling, Norplant insertion and removal and; surgical contraception.

Except for surgical contraception, training was conducted as planned by FGAE according to their training schedule. 11/12 health workers (5 Female) from Negelle Hospital and the clinics were trained in basic family planning. 2 nurses (both female) from Negelle Hospital received basic FP training. And finally, 2 providers (1 female) from Negelle Hospital were trained in Norplant insertion and removal.

g) Quality Improvement

The project had planned to provide Client Oriented Providers Efficiency service (COPE) training for Negelle Hospital staff including 10 providers.

A Quality Improvement Team will be established to address quality issues and this training will enable them to conduct self-assessment of their routine performance, to establish action plans and to monitor progress in QI. Due to the unavailability of the resource team from Guji zone the training was not conducted this year and has been postponed to the first quarter of FY 06.

h) Improved monitoring and evaluation capacity

The project is working with the MOH to improve reporting at all levels and to ensure information is integrated at the DHO. However, there is a need to ensure that reporting formats are consistent.

A health facility assessment was conducted in four clinics (as part of the OR on outreach DMPA) to establish the quality of services. All four clinics were using daily registration books of their own making for family planning record-keeping. All registry books were organized and kept in good order. All facilities kept a separate book for family planning clients, but recorded client data varied between facilities. In order to develop a uniform record-keeping system for family planning services, new registration books (approved by the MOH) were distributed to all health facilities in Liben District. These registration books record: Name, address, age, gender, marital status, number of living children, method, referral (from, to, reason), new/repeat client.

The project also plans to provide training in HMIS which should further build the capacity of all providers to collect and use data for decision making. The training was initially scheduled

for this year but the M&E officers at EFO both resigned. The project will explore the possibility of HO's next TA visit to include the training.

In addition, supervisory visits are conducted to monitor the progress of activities performance and to review the documentation system of each health facility. Eight health facilities were supervised twice per year during joint visits with the District Health Office. This included reviewing records, discussing the progress of family planning activities in addition to other health interventions, checking whether the facility has a work plan and strengthening the management of community health services. Discussions were held according to the problems identified and feedback provided and instructions for improvements to be made.

Improvements were observed in all the facilities during the second round of supervision in relation to the following activities: documentation, monthly monitoring meetings with community health workers, supervision of community health workers with necessary checklists, preparation of health educations schedules for community health workers, quality of health services and use of IEC/BCC materials for health education and counseling. As a supplement to the integrated supervision with MOH, frequent follow up and on job support was provided by the family planning unit to strengthen community health services and to improve the documentation system at health facility and community level.

i) Contraceptive logistics

A workshop in Logistic Management Information System (LMIS) was organized by PATHFINDER and attended by 13 providers (6 female) from the Zone Health Office, Liben district health office, Negelle Hospital, rural clinics in the District and SC/USA –Liben Impact Office. This will strengthen logistic management information system at all levels.

The objectives of the training were: to enable health workers to acquaint themselves with the Ethiopian Contraceptives Logistic System (ECLS) and how it functions at national, regional and district levels and also to enable them to improve the understanding on how to control contraceptive stock balance, to conduct better inventories, to strengthen the first in first out system and to control the expiry date of contraceptives for effective utilization in their respective health facilities. This facilitates the best use of limited FP resources and helps increase client satisfaction of service by ensuring the method of choice is available. After the training, the trainees have started to apply the acquired knowledge to control contraceptive stocks. Currently, request for supplies are made in a timely manner before the stock is nil. The logistic management system has improved in all health facilities and is contributing to better FP service provision.

j) CBRHA refresher training and quarterly review meetings

122 CBRHAs (25 female) received refresher training during this year. The objectives of the refresher training were to discuss the challenges the CBRHAs face during implementing, updates the basic training to remind them what they have forgotten as well as discussions about the new messages identified by Formative Research and finally the need to strengthen the linkage s between them and HF staff.

In addition, 20 review meetings were held attended by 120 CBRHAs. During the review meeting the following topics were discussed:

- Orientation/introduction about the activities of the extended Flex Fund program in the IA
- > Strategies to strengthen CBRHAs' role in family planning service provision to the community,
- Importance of LAM,
- Proper record keeping and follow up including formats and referral systems,

- Planning process,
- ➤ Counseling mothers for long term contraceptives,
- > Referral systems for longer acting and permanent methods and;
- Maintaining contraceptive supplies.

Since the district health office is responsible for supervising these activities as partner, the head of DHO was invited to the meetings and he briefed the participants about the importance of their services and stressed the need to strengthen BCC activities in the community in order to enhance the use of FP services.

There is a standard format for monitoring the performance of all the CHWs. Monthly meetings attended by all the CHWs are held to discuss the problems they encounter and solutions undertaken/proposed. This gives them an opportunity to share experiences among them selves and to get technical assistance from their supervisors (MOH staff and SPAs) who attend the meeting with them. In addition to monthly meeting, MOH staff and SPAs supervise the CBRHAs on a regular basis to provide feed back that enables them to strengthen family planning service delivery in their respective PAs. In the fiscal year, a total of 1780 clients received services from CBRHAs. CBRHAs conduct home visits with defaulters to discuss the reason for discontinuing use and provide counseling to enable clients to resume use of contraception.

To address issues of resistance to the use of family planning in the community, CBRHAs have created a forum in their respective PA to hold discussions with religious, clan and community leaders and especially with men/husbands to encourage them to support their wives to use family planning. The CBRHAs are also working in collaboration with women support groups who are facilitating peer education in all the PAs which provides an opportunity for experience sharing for mothers. During the refresher training the CBRHAs promised to ensure regular reporting of activities takes place, to strengthen the health education about LAM for mothers, and to exploit all the opportunities and event to educate men and mothers about family planning services in their respective PAs.

Adi Gololcha, from Kalada PA, appreciated CBD services by saying that:

"Let alone educating others to use FP, but we our selves started to use FP to be a model for others. I my self was delivering every year previously, But now I am using FP and stopped to give birth yearly. I am healthy and my children are health too. Having many children is a problem for the family for taking care of their personal hygiene and to feed them, and also physically they are poor and not attractive."

k) Basic and Refresher Training for TBAs in promotion and use of LAM

12 TTBAs and 58 previously trained TTBAs respectively received basic and refresher training in promotion of LAM. This training is provided as an add on to the training the TTBAs are receiving in Safe Delivery, Early Referral, Post partum care, Family Planning and HIV/AIDS/STI. This reinforces their knowledge and provides an opportunity for experience sharing.

After the training the TTBAs are able to provide health education in their specific locality during women's meetings, coffee ceremonies, and advice to women whose deliveries they have assisted, about when to begin FP

Most of them submit monthly report on a regular basis and refer mothers to CBRHAs to start contraceptive methods. They also have regular monthly meeting with all the community health

workers to review the progress of the work plans agreed upon with the HAC members of their PAS.

They advise mothers about the use of LAM to space pregnancy. In the fiscal year 2593 mothers were registered as LAM users, which is 105% of the number planned in the annual plan. They also refer mothers to CBRHAs and to clinics. 28 women were referred from TTBAs last year.

IR3: Increased Access of Communities to family planning service

I) Establishment of DEPO outreach sites

According to the baseline survey, only 17% of WRA are using a modern method of contraception. On the other hand, unmet need for family planning among women married or in union is high: 78.6% with approximately half of these women expressing a need to space their births. According to the findings of the baseline survey, women prefer injectable contraceptive method, 36.8% of current family planning users in the district reported that they were using injectable contraception, making it the preferred method in the district. However, access to injectable method is limited to clinics while 65% of women of reproductive age live at a distance which requires more than two hours of travel to reach family planning service delivery point. To extend access to injectable contraception, DEPO outreach sites were established at five sites; namely, Bruri Gudba, Kobadi, Raro, Adadi and Sokora.

Despite some resistances in some Muslim areas, the majority of the community members appreciate having DEPO outreach services mentioning that physical barriers to such a service probably contributed to higher discontinuation rates and resulted in unwanted pregnancies. Currently there are more than 59 clients who are using DEPO outreach service.

m) Referral of Client for FP

Strengthening referral links between the community and health facilities is one strategy to improve access to family planning services. This year, 77 clients were referred by CBRHAs to health facilities for DEPO services. The CBRHAs are using referral slips that were developed to strengthen the follow up system. All referral slips are documented in the health facilities for follow up of defaulters. In addition, health facilities provide feedback to the CBRHAs who referred the women to keep them informed of their clients and for future follow up. To date, feedback has not been consistent because some of the referrals prefer not to return to the CBRHAs because of the distance to be covered. To minimize this problem, clinic staff continue to emphasize the importance of taking the feedback to the CBRHAs both for wome and also for the CBRHAs.

n) Procurement and distribution of supplies for CBRHAs

Essential supplies are needed to enable CBRHA to provide FP services in the community. The CBRHAs receive different teaching materials to assist them in BCC activities and are also given contraceptive methods such as pills and condoms that they distribute for free.

Lessons from other CBD program have shown that CHWs need incentives for motivational purposes. Moreover, they need to travel long distances to perform their duties.

The CBRHAs requested basic materials such as bags to carry materials, umbrellas to protect themselves from sun stroke and from rain during the rainy season. This year, 122 umbrellas were procured and distributed to the CBRHAs.

0) Operations Research

In its plight to expand access to a wider range of contraceptive methods, the project established outreach Depo Provera services in five pilot PAs. Operations Research began during the second quarter of the year to assess the feasibility of this program.

The impact of the DEPO outreach pilot program will be assessed by comparing the difference in uptake between two groups: two intervention sites that include clinics with outreach services and two control sites that include clinics without outreach services. In addition, comparison between the two groups will also include client satisfaction with services, quality of counseling, and adherence to infection prevention protocol (IPP) measures.

The findings of this Operational Research will be used to inform the scale up of outreach family planning services to the remaining health facilities in the Liben District and elsewhere. The findings will be shared with MOH and other private voluntary organizations that are implementing family planning interventions in Ethiopia.

VI. Problems encountered

During the election process, several activities were suspended. Government officials barred calling trainees during this period and therefore some of the trainings were not conducted.

Annex 1: Summary of Activities Planned VS Accomplished in the FY'05

S/N.	Activity	Unit		Accom	plishment	Remark
			Planned	Qty	%	
SO	Increased Use of FP and Birth Spacing by Women of Reprodu	uctive Age				
	Increase FP acceptors					
1	New Clients	Clients	6952	6783	97.5	
	Pills	Clients	1808	1774	98	
	DEPO	Clients	1384	1529	110	
	Condom	Clients	1254	562	44.8	
	IUCD	Clients	12	3	25	
	Norplant	Clients	12	6	50	Health workers were trained at the end of the year
	Tubal ligation	Clients	6	2	33	Health workers were trained at the end of the year
	LAM	Clients	2476	2593	104	
	Repeat Clients	Clients	6981	4175	60	
	Number of CYPs generated by the program to the targeted	CYP	2196	2627	119.6	
	population (WRA)					
IR1	Increased Community Individual Awareness, Acceptance of,	and interest i	n FP Servic	es throug	gh NGO/PV	O Involvement
1	Request IEC materials from DKT, FGAE.		1000	1000	100	
		Number				
2	Advocacy on world population day	Freq.	1	0	0	Sector offices like DHO, EO were busy with different activities
		-				and schools were closed due to the election.
3	Document world population day activity	Event	1	0	0	Advocacy not conducted
4	Train HACs in FP promotion	Trainees	188	156	82	
5	Train BHTs in FP promotion	Trainees	185	167	90	
6	Micro campaigns for mobile clinics to provided long-term	Number	2	0	0	Providers not trained till the end of the year.
	methods at selected area.					, and the second
7	Micro campaigns for tubal-ligation at Negelle Hospital	Number	1	0	0	The training postponed by FGAE
8	Produce and disseminate IEC material					Key messages are still being tested. They should be completed by
	T- shirt	Number	1600	0	0	the first quarter of FY06
	Flipchart	Number	200	200	100	
9	Disseminate flip chart	Number	200	130	65	
IR2	Increase Quality of FP/RH services Delivery by providers in	facilities and	in the com	munity		
1	Basic counseling training on FP	Trainees	12	11	91.6	
2	Basic FP training for Negelle Hospital staffs	Trainees	2	2	100	

3	Client Oriented Provider s' Efficiency service (COPE)	Trainees	10	0	0	Resource team was not available.
	training for Negelle Hospital staffs					
4	Norplant insertion and removal training	Trainees	2	2	100	
5	Min laparatomy training	Trainees	3	0	0	FGAE post poned the training program
6	HMIS training for TOT	Trainees	2	2	0	It will be facilitated by EFO
7	HMIS training for NH staff, clinic staffs and SC staffs	Trainees	10	0	0	
8	Logistic Management Information System (LMIS) workshop	Trainees	12	13	108	
9	Supportive supervision by SC & MOH (Quarterly Joint	Freq.	4	4	100	On quarterly basis.
	supervision by SC and MOH staffs)					
	Community/Household Level (community health workers and e	ducators, co	mmunity l	based dist	ibution ag	ents (CBRHAs), support groups, etc)
1	Refresher training for CBRHAs	Trainees	132	122	92	
2	Train TBAs in promotion and use of LAM	Trainees	12	12	100	
3	CBRHA Quarterly review meetings	Session	20	20	100	
4	Refresher training for TBAs in promotion/use of / LAM	Trainees	58	58	100	
5	Operational Research (OR) on out reach DEPO	Event	1	1	100	
6	Cross visit to Oromia Development Association sites	Trip	1	0	0	The program was cancelled by EFO.
IR3	Increased Access of Communities to family planning service	•				
1	Outreach DMPA/Establishment of DEPO out reach site/	Sites	5	5	100	
2	Referrals of client for FP	Number	91	77	84.6	
3	Promotion of FP by BHTs and HACs	Session	444	337	76	
4	Procurement and distribution of umbrella, Registration books and bag for CBRHAs	Number	122	122	100	

Annex 2: USAID PVO/NGO FAMILY PLANNING & REPRODUCTIVE HEALTH FLEXIBLE FUND (FY 06 work plan)

	- ·		T T 1.	Annual	Q1	Q2	Q3	Q4	Responsible person
No.	Result	Activity	Unit	Plan					
so	Increase Use of Family planning and	Increase FP acceptors by X %			1 2200	1 2200	1 2200	1 2200	
	Birth Spacing by Women of Reproductive Age	New Clients	Clients	9557	2389	2389	2389	2390	Sr. Melkenesh/Health Program
	Reproductive Age	Pills	Clients	2500	625	625	625	625	Coordinator
		DEPO	Clients	2000	500	625	625	625	1
		Condom	Clients	1181	295	295	295	296	1
		IUCD	Clients	65	11	18	18	18	_
		Norplant	Clients	80	15	20	22	23	_
		Tubal ligation	Clients	46	10	10	10	16	_
		LAM	Clients	3822	955	955	956	956	_
		Repeat Clients	Clients	8255	4932	6223	7321	8255	_
		Number of CYPs generated	CYP	3018	754	755	754	755	
		by the program to the							
		targeted population (WRA)							
IR1	Increased Community Individual	Advocacy on world	Frequency	1	1	-	-	1	Sr. Melkenesh
	Awareness, Acceptance of, and	population day							
	interest in FP Services through	D	F	1				1	C., M11
	NGO/PVO Involvement	Document world population	Frequency	1	-	-	-	1	Sr. Melkenesh/Documentation
		day activity	T:	188		94	94		officer Sr. Melkenesh/SPA
		Train HACs in FP promote	Trainees		-			-	
		Train BHTs in FP promote	Trainees	185	- 111	92	93	111	Sr. Melkenesh/SPA
		Promotion of FP by BHTs and HACs	Session	444	111	111	111	111	SPA
IR2	Improved Quality of Family	Supportive supervision by	Frequency	4	1	1	1	1	SC health team/DHO health
	planning/Reproductive Health	SC & MOH (Quarterly Joint							team.
	services	supervision by SC and							
		MOH staffs)							
		Basic training for CBRHAs	Trainees	95	25	45	25	-	Sr. Melkenesh/SPA
		Community/Household Level	(community he	alth workers a	ınd educa	tors, com	munity b	ased dist	ribution agents (CBDAs), support
		groups, etc)	•				,		
		CBRHA Quarterly review	Session	20	5	5	5	5	Sr. Melkenesh/SPA
		meetings		<u> </u>	<u> </u>		<u> </u>	<u> </u>	

		ClientOriented Provider s' Efficiency service (COPE) training for Negelle Hospital staffs	Trainees	10	10				Sr. Melkenesh/SPA
		Min laparatomy training	Trainees	3	3				
IR3	Increased community Access to family planning Information and services	Outreach DMPA/Establishment of DEPO out reach site/	Sites	5	5	5	5	5	Sr. Melkenesh/SPA
		Mobile clinic for Norplant and IUCD insertion /removal	Number 0f clinic	3	3	3	3	3	Sr. Melkenesh/Negelle Hospital/SPA
		Tubal ligation services available in Negelle Hospital	Number	1	1	1	1	1	Sr. Melkenesh/Negelle Hospital
		Referral of clients for FP	Number	1512	378	378	378	378	Sr. Melkenesh/SPA

APPENDIX 8: USAID PVO/NGO FAMILY PLANNING & REPRODUCTIVE HEALTH FLEXIBLE FUND

Annual Report Work plan Table¹

Year Covered by Report: October 1, 2004 to September 30, 2005

INTERMEDIATE RESULT 1: INCR												ILY PLANNING
MAJOR ACTIVITIES		Past Year ²			Ve Zea	_		Future Years ⁴		ACTIVITY	Comments	
KNOWLEDGE AND INTEREST	1	2	3	4	1	2	3	4			COMPLET ED? ⁵ Y/N	
National Policy Level (Coordination with Stakeholders, including Ministry Organizations and other PVOs/NGOs, Private Sector, etc.)	stry	of	Не	ealt	h (1	Mol	H),	, oth	er Pu	ıblic	Sector, Multilatero	al Donors (USAID, etc.), Development
Regional/Department Level (Coordination with Stakeholders (Departme	ent .	Мо	<i>H</i> ,	oth	ier I	Pul	blic	c Sec	etors,	Priv	vate Sector, local N	IGOs, and community groups))
District/Municipality Level (MoH, Public and Private Facilities, local N	VG (Эs,	and	d ce	omn	nur	nity	y gra	ups)			
Advocacy on world population day				X				X			N	
Document world population day activity				X				X			N	
Micro campaign for mobile clinics providing long term methods at selected sites					X	Х	X	X			Y	
Micro campaign for tubal ligation at Negelle Hospital					X	X	X	X			Y	
Hold meetings attended by men and community leaders to promote & gain support for PF	X	X	X	X	X	X	X	X			Y	
Produce & disseminate IEC materials to promote FP			X								Y	
Community/Household Level (community health workers and educator	rs, c	com	ımı	ıni	ty-b	ase	ed c	distr	ibutio	ons a	igents (CBDAs), si	upport groups, etc)
Train HACs in FP promote		X	X	X		X	X				Y	
Train BHTs in FP promote		X	X	X		X	X				Y	

USAID PVO/NGO FAMILY PLANNING & REPRODUCTIVE HEALTH FLEXIBLE FUND Annual Report Work plan $Table^1$

Year Covered by Report: October 1, 2004 to September 30, 2005

INTERMEDIATE RESULT 2: IMPROVED QUALIT		_					_		_		N FACILITIES A	ND IN THE COMMUNITY
		Pa	st		I	Nex	t	F	utur	e		Comments
MAJOR ACTIVITIES		Yea	ar ²			Year	3	Y	'ears	4	ACTIVITY	
IMPROVED QUALITY		_									COMPLETED?⁵ Y/N	
						2 3		Ļ	5 7.47			
National Policy Level (Coordination with Stakeholders, including Ministry of Heal	th (I	Mol	Ⅎ),	othe	er Pi	ublic	Sect	or, N	Iultila	itera	al Donors (USAID, e	tc.), Development Organizations and other
PVOs/NGOs, Private Sector, etc.)			Т	Т	Т		Т					
Regional/Department Level (Coordination with Stakeholders (Department MoH,	oth	er P	ubli	ic Si	ector	rs. Pr	ivate	e Sect	or, lo	cal 1	NGOs. and communit	iv grouns))
Cross visit to ODA to inform program about CBRHA activities				X	Ī		T				N	Revised by EFO
District/Municipality Level (MoH, Public and Private F	ac	ilit	ties	s, I	oca	al N	IG	Os,	and	l c	ommunity grou	ıps)
Basic counseling training on FP				X							Y	•
Basic FP training for Negelle Hospital staffs				X							Y	
Client Oriented Providers Efficiency service (COPE) training for											N	
Negelle Hospital staffs												
Norplant Insertion and Removal training			X								Y	
Minilaparatomy training											N	
HMIS training for TOT											N	
HMIS training for Negelle Hospital staff, clinic staffs and SC staffs											N	
Logistic Management Information System (LMIS) workshop			X								Y	
Supportive supervision by SC&MOH (Quarterly Joint supervision by	X	X	X	X							Y	
SC and MOH staffs)							Ш					
Community/Household Level (community health workers and educa	tors	, co			nity	-bas	ed a	listri	ibuti	ons		upport groups, etc)
Refresher training for CBRHAs	X		X	X	_		Ш				Y	
Train TBAs in promotion and use of LAM	X										Y	
CBRHA Quarterly review meetings	X	X	X	X	_		\perp				Y	
Refresher training for TBAs in promotion/use of / LAM	X	IJ				-	+				Y	
Operational Research (OR) on out reach DEPO		X	X	X							Y	

USAID PVO/NGO FAMILY PLANNING & REPRODUCTIVE HEALTH FLEXIBLE FUND

Annual Report Work plan Table¹

Year Covered by Report: October 1, 2004 to September 30, 2005

INTERMEDIATE RESULT 3: INCREAS	ED A	AC	CE	SS	OF	CO	MN	1UN	ITI	ES T	го	FAMILY PLANN	ING SERVICES
MAJOR ACTIVITIES INCREASED ACCESS	1	Ye	ear ²	: 		Ne: Yea	•	4		ture ars ⁴		ACTIVITY COMPLETED? 5 Y/N	Comments
National Policy Level (Coordination with Stakeholders, including Min	ıistr _.					_	_	_	er F	Publ	ic ,		al Donors (USAID, etc.), Development
Organizations and other PVOs/NGOs, Private Sector, etc.)	1	ı	T	Т		1		Т	1		1		
	+					-	_	+	-	+			
Regional/Department Level (Coordination with Stakeholders (Department Level (Coordination with S	nent	M	oН,	ot	her	Pu	blic	Sec	ctor	s, Pi	riv	ate Sector, local N	NGOs, and community groups))
District/Municipality Level (MoH, Public and Private Facilities, local	NG	Os.	, an	dc	com	тин	nity	gra	oups)			
Out reach DMPA/Establishment of DEPO outreach site	X	Σ	X	X								Y	
Community/Household Level (community health workers and educate	ors, c	con	пті	uni	ty-b	ase	d di	istr	ibut	ions	aį	gents (CBDAs), su	pport groups, etc)
Referral of clients for Family Planning	X	Σ	X	X								Y	
Promotion of FP by BHTs and HACs		Σ	X	X								Y	
Procurement and distribution of Umbrella, Registration books and Bag for CBRHAs		X	K									Y	

- Please note that the Annual Work plan Table is derived from the original PIP Work plan.
- "Past Year" is the year covered by this report.
- "Next Year" is the year following the year covered in the Annual Report.
- "Future Years" complete as per number of years of the program.

 Only address activities that were planned for the year covered in the Annual Report.

USAID PVO/NGO FAMILY PLANNING & REPRODUCTIVE HEALTH FLEXIBLE FUND

Annual Report Work plan Table¹

Year Covered by Report: October 1, 2004 to September 30, 2005

MAJOR ACTIVITIES		Pas Yea				lex ear			Future Years ⁴		ACTIVITY	Comments
SOCIAL AND POLICY ENVIRONMENT				4			3 3 4		ear	2,	COMPLETED? ⁵ Y/N	
National Policy Level (Coordination with Stakeholders, including Ministry of Hea PVOs/NGOs, Private Sector, etc.)	lth (1	MoF	1), o	the	r Pu	blic	Secto	or, N	Aulti.	latera	al Donors (USAID,	etc.), Development Organizations and other
	\sqcup			-	4		\perp					
		-	-	+	+	+	+					
Regional/Department Level (Coordination with Stakeholders (Department MoH,	othe	r Pi	ıhlic	Sec	ctors	Pr	ivate	Sect	tor. le	ocal i	l NGOs. and communi	tv grouns))
Coordination meetings with MOH							X		01, 10		Y	, (1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
	Ш											
District /Municipality I and /Mall Dublic and Drivety Facilities level NCOs on	J				- na)		Ш					
District/Municipality Level (MoH, Public and Private Facilities, local NGOs, and Meetings with DHO						yl s	X			l	Y	T
wicedings with DTIO		$\stackrel{\wedge}{}$	Λ			1 2	X ZX				1	
Community/Household Level (community health workers and educators, community health workers and educators are considered as a second considered and a second considered as a sec	unity	-base	ed di	istri	buti	ons .	agent	s (C	BD2	4 <i>s),</i> .		Τ .
Meetings with men, religious and community leaders where FP issues are discussed											N	ongoing
	+	_	_	4	\perp	-	\perp					
	+	_	_	-	+		\mathbb{H}					
	\perp		_	_		4	\bot					

Please note that the Annual Work plan Table is derived from the original PIP Work plan. "Past Year" is the year covered by this report.
"Next Year" is the year following the year covered in the Annual Report.

- 4 "Future Years" complete as per number of years of the program.5. Only address activities that were planned for the year covered in

Appendix 9

Annual Indicators Reporting Table For Annual Reports Part A. Service Statistics (core indicators in bold)

INDICATOR	Number	Numerator	Denominator	Percent	Confidence Interval	Yes/No
Number of couple-years of protection (CYPs)	2,627					
Number of acceptors new to contraception	6,783					
% of clients who receive adequate counseling				n/a		
% of population who live within 5 km of a FP service delivery point		112,698	196,071	57		
Total number of persons served or reached by the program	n/a					
Program sustainability plan in place						Yes
Optional indicators						
% of PA with service delivery point; which have trained CBRHAs	37 PA & 5 urban dwellers	37 PA & 5 urban dwellers	37 PA & 5 urban dwellers	100		

Number of meetings attended by men and community and religious leaders where FP is discussed	1703 men reached during education sessions where FP is discussed			
Number of HACs trained in FP promotion	156			
Number of BHTs trained in FP promotion	167			
% facilities reporting no stock out in the past 6 months	0			
Number of providers trained in improved counseling	11			
Number of providers trained in long term and permanent methods	2			
Number of outreach sites providing DMPA	5			
# of HACs regularly active in FP promotion and monitoring.	337 sessions held by HACS and BHTs			
% HACs submitting reports on a monthly basis	n/a			
Number of meetings between clinic staff and community to discuss FP needs in the community	n/a			
Number of joint supervision visits with MOH	4			